



## Medicare Prescription Drug Plan Finder Worksheet



Do you have Medicare? (Circle one)

\_\_YES \_\_NO

If **NO**, **STOP HERE** you are not eligible for a prescription drug plan.

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Date: \_\_\_\_\_ Medicare Number: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Are you living with your spouse? YES NO

Do you receive a Supplemental Security Income check? YES NO

Tip: This is not regular Social Security.

Do you travel to places outside of NH? YES NO

Tip: This is not regular Social Security.

Does the state pay your Medicare monthly premium? YES NO

Tip: This is QMB or SLMB, Medicare Savings Programs

List your Gross monthly income (both you and your spouse if married):

(Social Security, Pension, interest and annuity payments) \$\_\_\_\_\_

Assets or Resources (Checking, savings, IRAs or CDs.)

(Exclude: house, car, jewelry or personal possessions): \$\_\_\_\_\_

Do you have a life insurance policy that you could cash in? YES NO

How much could you cash it in for? \_\_\_\_\_

Do you have other prescription insurance coverage? (Check all that apply)

- ☐ Medicaid – Full or Spend Down (in and out)
- ☐ TRICARE for Life or Veteran's Benefits
- ☐ Federal Employees Health Benefit Plan
- ☐ Other (Employer/Retirement Plan, Private Insurance)
- ☐ Medigaps – Medicare Supplements H, I or J

**Please list up to 3 pharmacies you might want to use in order of preference:**

<b>1.</b>	<b>2.</b>	<b>3.</b>
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List your prescriptions, higher priced brand names first, strength and daily dosages. If they are not in pill form, list the type (bottle, tube, inhaler, etc.) and the amount used per month.

<b>Name of Drug</b> <i>Example: (Lipitor)</i>	<b>Strength</b> <i>(Ex. 10 mg)</i>	<b>Daily Dosage</b> <i>(Ex. Twice or 2 daily)</i>	<b>Current Cost</b> <i>(Optional)</i>

- **Call HICEAS at 1-800-852-3388, or ServiceLink at 1-866-634-9412** if you have questions about this form.
- If you want to schedule an appointment with a Medicare Part D Specialist call or **ServiceLink at 1-866-634-9412**. You can bring this form with you to find out what your enrollment options are.

### **What should I do with My Completed Worksheet?**

- Have your form with you when you call HICEAS or ServiceLink with questions.
- Bring it with you If you have scheduled an appointment to meet with a part D specialist, or mail to your local ServiceLink, a list of sites are available.

### **FOR HICEAS or SERVICE LINK STAFF USE:**

If you wish to have your information discussed with someone other than yourself please name that person here:	
Client's Authorizing Signature to speak with Representative named above:	

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